





Ms. Kimberly Martone, Director Office of Health Care Access 410 Capitol Ave., MS #13 HCA Hartford, CT 06134-0308

Re: Certificate of Need Equipment Replacement Notification Form: MRI Docket #08-31104-WVR

Dear Ms. Martone,

Attached is the certificate of need equipment replacement notification form for the above noted MRI replacement.

If you have any questions or concerns, please call me directly at (860) 679-8780.

Sincerely,

Jim Thibeault

Jim Thibeault

Director, Strategy and Business Development

Office: 860.679.8780 Cell: 860.558-8193 Fax: 860.679.1255 Jthibeault@uchc.edu





STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

Certificate of Need Equipment Replacement Notification Form

Pursuant to 19a-638(b)(18), an existing imaging equipment may be replaced, if such equipment was acquired through certificate of need approval or a certificate of need determination, provided a health care facility, provider physician or a person notifies OHCA of the date on which the equipment is replaced and the disposition of the replaced equipment.

Please complete the following:

Provider Name & Address:	John Dempsey Hospital	
	263 Farmington Avenue	
	Farmington, CT 06030	
Name and description of the equipment to be replaced:	Siemens Magnetom Avanto 1.5 Tesla MRI	
Docket or Report number of the CON authorization of the existing imaging equipment being replaced:	08-31104-WVR	
Address of the existing imaging equipment:	263 Farmington Avenue Farmington, CT 06030	
Name and description of the replacement equipment:	Siemens Aera 1.5 Tesla MRI	
Location where replacement equipment will be operated:	263 Farmington Avenue Farmington, CT 06030	
The date the replaced equipment was replaced:	May 31, 2016	
The disposition of the replaced equipment	The replaced MRI was traded in to Siemens	

Person Completing the form:	James Thibeault,	Director, Strategy & Bushers	Development
	Name //	Title	
	& Munst.	6/22/16	
	Signature	Date '	